



Maricopa County

Air Quality Department

Performance Test Report Submittal Form

A copy of this form shall be completed for each piece of equipment tested and the completed form shall be submitted with the test report. In addition to answering each question in the space provided, please provide the section and page number of the test report in which the question is more fully addressed (in the "Report Section/Page Number" column). This form is available on the Air Quality website at: www.maricopa.gov/aq/permits/policies.asp

<i>Facility:</i>
<i>Air Quality Permit Number:</i>
<i>Equipment Being Tested:</i>
<i>Test Date(s):</i>
<i>Test Company:</i>

	<i>Report Section/ Page Number</i>	
1) <i>Have all of the test results been properly tabulated and summarized?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) <i>Did the equipment satisfy all of applicable emission limits and demonstration requirements?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) <i>Did you provide a detailed discussion of the significance of the results relative to applicable emission limits and demonstration requirements?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) <i>Was all testing conducted in strict accordance with the applicable test methods?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) <i>Was the equipment operated in a manner other than its normal operating conditions during testing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) <i>Were there any process or control equipment upset conditions that occurred during testing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) <i>Have there been any changes made to the process or control device since the last test?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8) <i>Were there any adjustments or significant maintenance performed on the control equipment during the six-month period prior to testing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9) <i>Did any of the required leak checks exceed the allowable leakage rate?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10) <i>Were any of the results below the detection level of the test method?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11) <i>Has the actual process rate during testing been provided?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12) <i>Did you provide all applicable process and control equipment operating data requested?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13) <i>Have all audit sample results been included in the test report?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14) <i>Have sample calculations using actual test data been provided?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15) <i>Have all field data sheets been provided?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16) <i>Have all laboratory data including quality assurance/quality control results been provided?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Report Section/

17) Have all chain of custody forms been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18) Have all test equipment calibration sheets been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19) Have all calibration gas certification sheets been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20) Were all calibration gas certifications current at the time of testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21) Are any confidentiality claims being made with respect to this test report? If yes, please submit both confidential and non-confidential copies of the test report.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signatures: Representatives from the permitted facility and contracted test company must provide signatures below.

We, the undersigned, certify that the information provided on this form and the accompanying test report is truthful, accurate and complete.

<p>_____ <i>Test Team Leader</i> <i>Date</i></p> <p>Name: _____ Title: _____ Company: _____</p>	<p>_____ <i>Test Company Reviewer</i> <i>Date</i></p> <p>Name: _____ Title: _____ Company: _____</p>
<p>_____ <i>Facility Representative</i> <i>Date</i></p> <p>Name: _____ Title: _____ Company: _____</p>	